AMENDED IN SENATE JUNE 16, 2016
AMENDED IN SENATE APRIL 27, 2016
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AMENDED IN ASSEMBLY APRIL 13, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1300

Introduced by Assembly Member Ridley-Thomas

February 27, 2015

An act to amend Sections 5008, 5113, 5150.1, and 5270.50 of, to add Sections 5014, 5025, 5113.5, and 5150.3 to, and to add Article 1.1 (commencing with Section 5160) to Chapter 2 of Part 1 of Division 5 of, the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1300, as amended, Ridley-Thomas. Mental health: involuntary commitment.

Under existing law, when a person, as a result of a mental disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody by a peace officer, member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or other designated professional

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person, and placed in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation.

This bill would specify, among other things, procedures for delivery of individuals to various facilities for mental health evaluation and treatment; procedures for probable cause determinations for detention and evaluation for treatment; terms and length of detention, when appropriate, in various types of facilities; and criteria for release from nondesignated hospitals, as defined. The bill would exempt specified providers of health services and peace officers from criminal or civil liability for the actions of a person after his or her release from detention, subject to specified exceptions. The bill would authorize certain emergency transport providers and providers of ambulance services to continue the detention of an individual for the purpose of transporting the individual, as specified. individual to a designated facility. The bill would require a designated facility to accept, within its clinical capability and capacity, all persons for whom it is designated, without regard to insurance or financial status. The bill would also make changes to the methods by which the county is notified of the release of a person detained for evaluation and treatment, including notification through the 24-hour toll-free telephone number established by the county's mental health program.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 5008 of the Welfare and Institutions Code 2 is amended to read:
- 5008. Unless the context otherwise requires, the following definitions shall govern the construction of this part:
 - (a) "Evaluation" consists of multidisciplinary professional analyses of a person's medical, psychological, educational, social, financial, and legal conditions as may appear to constitute a
- 8 problem. Persons providing evaluation services shall be properly 9 qualified professionals and may be full-time employees of an
- 10 agency providing face-to-face, which includes telehealth,
- 11 evaluation services or may be part-time employees or may be
- 12 employed on a contractual basis.

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(b) "Court-ordered evaluation" means an evaluation ordered by a superior court pursuant to Article 2 (commencing with Section 5200) or by a superior court pursuant to Article 3 (commencing with Section 5225) of Chapter 2.

- (c) "Intensive treatment" consists of hospital and other services as may be indicated. Intensive treatment shall be provided by properly qualified professionals and carried out in facilities qualifying for reimbursement under the California Medical Assistance Program (Medi-Cal) set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9, or under Title XVIII of the federal Social Security Act and regulations thereunder. Intensive treatment may be provided in hospitals of the United States government by properly qualified professionals. Nothing in this part shall be construed to prohibit an intensive treatment facility from also providing 72-hour evaluation and treatment.
- (d) "Referral" is referral of persons by each agency or facility providing assessment, evaluation, crisis intervention, or treatment services to other agencies or individuals. The purpose of referral shall be to provide for continuity of care, and may include, but need not be limited to, informing the person of available services, making appointments on the person's behalf, discussing the person's problem with the agency or individual to which the person has been referred, appraising the outcome of referrals, and arranging for personal escort and transportation when necessary. Referral shall be considered complete when the agency or individual to whom the person has been referred accepts responsibility for providing the necessary services. All persons shall be advised of available precare services that prevent initial recourse to hospital treatment or aftercare services that support adjustment to community living following hospital treatment. These services may be provided through county or city mental health departments, state hospitals under the jurisdiction of the State Department of State Hospitals, regional centers under contract with the State Department of Developmental Services, or other public or private entities.

Each agency or facility providing evaluation services shall maintain a current and comprehensive file of all community services, both public and private. These files shall contain current agreements with agencies or individuals accepting referrals, as well as appraisals of the results of past referrals.

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(e) "Crisis intervention" consists of an interview or series of interviews within a brief period of time, conducted by qualified professionals, and designed to alleviate personal or family situations which present a serious and imminent threat to the health or stability of the person or the family. The interview or interviews may be conducted in the home of the person or family, or on an inpatient or outpatient basis with such therapy, or other services, as may be appropriate. The interview or interviews may include family members, significant support persons, providers, or other entities or individuals, as appropriate and as authorized by law. Crisis intervention may, as appropriate, include suicide prevention, psychiatric, welfare, psychological, legal, or other social services.

- (f) "Prepetition screening" is a screening of all petitions for court-ordered evaluation as provided in Article 2 (commencing with Section 5200) of Chapter 2, consisting of a professional review of all petitions; an interview with the petitioner and, whenever possible, the person alleged, as a result of a mental health disorder, to be a danger to others, or to himself or herself, or to be gravely disabled, to assess the problem and explain the petition; when indicated, efforts to persuade the person to receive, on a voluntary basis, comprehensive evaluation, crisis intervention, referral, and other services specified in this part.
- (g) "Conservatorship investigation" means investigation by an agency appointed or designated by the governing body of cases in which conservatorship is recommended pursuant to Chapter 3 (commencing with Section 5350).
- (h) (1) For purposes of Article 1 (commencing with Section 5150), Article 2 (commencing with Section 5200), and Article 4 (commencing with Section 5250) of Chapter 2, and for the purposes of Chapter 3 (commencing with Section 5350), "gravely disabled" means either of the following:
- (A) A condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter.
- (B) A condition in which a person has been found mentally incompetent under Section 1370 of the Penal Code and all of the following facts exist:
- (i) The indictment or information pending against the person at the time of commitment charges a felony involving death, great

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1 bodily harm, or a serious threat to the physical well-being of 2 another person.

(ii) The indictment or information has not been dismissed.

- (iii) As a result of a mental health disorder, the person is unable to understand the nature and purpose of the proceedings taken against him or her and to assist counsel in the conduct of his or her defense in a rational manner.
- (2) For purposes of Article 3 (commencing with Section 5225) and Article 4 (commencing with Section 5250), of Chapter 2, and for the purposes of Chapter 3 (commencing with Section 5350), "gravely disabled" means a condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for his or her basic personal needs for food, clothing, or shelter.
- (3) The term "gravely disabled" does not include persons with intellectual disabilities by reason of that disability alone.
- (i) "Peace officer" means a duly sworn peace officer as that term is defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code who has completed the basic training course established by the Commission on Peace Officer Standards and Training, or any parole officer or probation officer specified in Section 830.5 of the Penal Code when acting in relation to cases for which he or she has a legally mandated responsibility.
- (j) "Postcertification treatment" means an additional period of treatment pursuant to Article 6 (commencing with Section 5300) of Chapter 2.
 - (k) "Court," unless otherwise specified, means a court of record.
- (*l*) "Antipsychotic medication" means any medication customarily prescribed for the treatment of symptoms of psychoses and other severe mental and emotional disorders.
- (m) "Emergency" means a situation in which action to impose treatment over the person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient or others, and it is impracticable to first gain consent. It is not necessary for harm to take place or become unavoidable prior to treatment.
- (n) "Designated facility" or "facility designated by the county for evaluation and treatment" means a facility that is licensed or certified as a mental health treatment facility or a hospital, as defined in subdivision (a) or (b) of Section 1250 of the Health and Safety Code, by the State Department of Public Health, and may

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1 include, but is not limited to, a licensed psychiatric hospital, a 2 licensed psychiatric health facility, and a certified crisis 3 stabilization unit.

- (o) "Authorized professional" means any of the following:
- (1) A mental health professional or category of mental health professionals, excluding peace officers, who are authorized in writing by a county to provide services described in Article 1 (commencing with Section 5150) of Chapter 2. An authorized professional shall have appropriate training in mental health disorders and determination of probable cause, and shall have relevant experience in providing services to persons with mental health disorders.
- (2) An authorized professional as described in paragraph (1) who is a member of the staff of a designated facility and who is authorized by the facility to provide services described in this part.
- (3) A member of a mobile crisis team who is authorized in writing by a county to provide services described in Article 1 (commencing with Section 5150) of Chapter 2.
- (p) "Emergency transport provider" means a provider of ambulance services licensed by the Department of the California Highway Patrol or operated by a public safety agency and includes the authorized personnel of an emergency transport provider who are certified or licensed under Section 1797.56, 1797.80, 1797.82, or 1797.84 of the Health and Safety Code.
- SEC. 2. Section 5014 is added to the Welfare and Institutions Code, to read:
- 5014. Each designated facility shall accept, within its clinical capability and capacity, all categories of persons for whom it is designated, without regard to insurance or financial status. If a person presents to a designated facility with a psychiatric emergency medical condition, as defined in subdivision (f) of Section 5160, that is beyond its capability, the facility shall assist the person in obtaining emergency services and care at an appropriate facility.
- SEC. 3. Section 5025 is added to the Welfare and Institutions Code, to read:
 - 5025. (a) The professional person in charge of a nondesignated hospital, as defined in subdivision (c) of Section 5160, his or her designee, the medical director of the nondesignated hospital or his or her designee, the psychiatric professional who has consulted

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with a treating emergency professional in accordance with subdivision (c) of Section 5164, or a treating emergency professional or other professional staff person who has received training in managing persons who have been detained for evaluation and treatment and the determination of probable cause in accordance with Section 5150, and who is acting within the scope of his or her official duties, employment or contractual obligations, or clinical privileges for the nondesignated hospital, shall not be civilly or criminally liable for any action by a person detained pursuant to Article 1 (commencing with Section 5150) of Chapter 2 of this part, and released at the end of 72 hours, or before the end of 72 hours, if Section 5164 is satisfied.

(b) The peace officer responsible for the detainment of the person shall not be civilly or criminally liable for any action by a person released at or before the end of the 72-hour detainment period pursuant to Article 1 (commencing with Section 5150) of Chapter 2 of this part.

- (c) A treating emergency professional or other professional staff person who has received training in managing persons who have been detained for evaluation and treatment and the determination of probable cause in accordance with Section 5150, and who is acting within the scope of his or her official duties, employment or contractual obligations, or clinical privileges for the nondesignated hospital shall not be liable for carrying out a determination in accordance with Section 5164.
- (d) Nothing in this section shall exonerate a person described in this section from liability if that person acted with gross negligence or willful or wanton misconduct.
- SEC. 4. Section 5113 of the Welfare and Institutions Code is amended to read:
- 5113. Except as provided in Sections 5154, 5173, 5259.3, 5267, 5270.35, and 5306, the facility providing treatment pursuant to Article 1 (commencing with Section 5150), Article 1.5 (commencing with Section 5170), Article 4 (commencing with Section 5250), Article 4.5 (commencing with Section 5260), Article 4.7 (commencing with Section 5270.10), or Article 6 (commencing with Section 5300), a nondesignated hospital, as defined in subdivision (c) of Section 5160, the administrator of the facility or nondesignated hospital, the professional person in charge of the facility or nondesignated hospital, and his or her designee, or the

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peace officer responsible for the detainment of the person shall not be civilly or criminally liable for any action by a person released at or before the end of the period for which he or she was detained or admitted pursuant to the provisions of the appropriate article.

- SEC. 5. Section 5113.5 is added to the Welfare and Institutions Code, to read:
- 5113.5. (a) A designated facility or nondesignated hospital, as defined in subdivision (c) of Section 5160, or a physician or other professional staff person who has received training in managing persons who have been detained for evaluation and treatment and determination of probable cause in accordance with Section 5150, and who is acting within the scope of his or her official duties, employment or contractual obligations, or clinical privileges for the designated facility or nondesignated hospital shall not be liable for any of the following:
- (1) An injury caused by an eloping or eloped person who has been detained for a mental health disorder or addiction.
- (2) An injury to, or the wrongful death of, an eloping or eloped person who has been detained for a mental health disorder or addiction.
- (b) Nothing in this section shall exonerate a person described in this section from liability if that person acted with gross negligence or willful or wanton misconduct.
- SEC. 6. Section 5150.1 of the Welfare and Institutions Code is amended to read:
- 5150.1. (a) No peace officer seeking to transport, or having transported, a person to a designated facility for assessment under Section 5150, shall be instructed by mental health personnel to take the person to, or keep the person at, a jail solely because of the unavailability of an acute bed, nor shall the peace officer be forbidden to transport the person directly to the designated facility. No mental health employee from any county, state, city, or any private agency providing Short-Doyle psychiatric emergency services shall interfere with a peace officer performing duties under Section 5150 by preventing the peace officer from entering a designated facility with the person to be assessed, nor shall any employee of such an agency require the peace officer to remove the person without assessment as a condition of allowing the peace officer to depart.

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(b) An emergency transport provider or any certified or licensed personnel of an emergency transport provider who has received training in managing persons who have been detained for evaluation and treatment and who is acting at the direction of a peace officer to transport a person who has been detained by the peace officer pursuant to subdivision (a) of Section 5150 to a designated facility for assessment under Section 5151, or to a nondesignated hospital, as defined in subdivision (c) of Section 5160, for emergency services and care, is authorized to continue the detention for the purpose of transporting the person to the facility or the nondesignated hospital.

(c) "Peace officer" for the purposes of this section also means a jailer seeking to transport or transporting a person in custody to a designated facility for assessment consistent with Section 4011.6 or 4011.8 of the Penal Code and Section 5150.

SEC. 7.

- *SEC.* 6. Section 5150.3 is added to the Welfare and Institutions Code, to read:
- 5150.3. (a) An application for detention for evaluation and treatment shall be valid in all counties in which there is a designated facility to which the person may be taken.
- (b) (1) If the person detained by a peace officer or authorized professional is in a location other than a designated facility or nondesignated hospital, the original or copy of the application for detention for evaluation and treatment shall be presented to the designated facility under paragraph (2) or the nondesignated hospital under paragraph (3).
- (2) If after detention under Section 5150, the person is first taken to a designated facility, the original or a copy of the signed application for detention for evaluation and treatment shall be presented to the designated facility.
- (3) If after detention under Section 5150, the person is first taken to a nondesignated hospital, the original or a copy of the signed application for detention for evaluation and treatment shall be presented to the nondesignated hospital. If the person is subsequently transferred to a designated facility, the nondesignated hospital shall deliver the original or a copy of the signed application for detention for evaluation and treatment to the designated facility. If the person is discharged from the nondesignated hospital under Section 5164 without a transfer to a designated facility, the

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nondesignated hospital shall maintain the original or a copy of the original signed application for detention for evaluation and treatment.

(c) If a person detained for evaluation and treatment is subsequently released pursuant to Section-5164 or 5151, 5151 or 5164, the application for detention for evaluation and treatment in the possession of a designated facility or nondesignated hospital shall be retained for the period of time required by the medical records retention policy of the designated facility or nondesignated hospital.

SEC. 8.

SEC. 7. Article 1.1 (commencing with Section 5160) is added to Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code, to read:

Article 1.1. Persons Detained in Nondesignated Hospitals

- 5160. Unless the context otherwise requires, the following definitions shall govern the construction of this article:
- (a) "Emergency department of a nondesignated hospital" means a basic, comprehensive, or standby emergency medical service that is approved by the State Department of Public Health as a special or supplemental service of a nondesignated hospital. For purposes of this part, an emergency department of a nondesignated hospital shall include an observation or similar unit of the hospital that meets both of the following criteria:
- (1) The unit is operated under the direction and policies of the emergency department.
- (2) The unit provides continuing emergency services and care to patients prior to an inpatient admission, transfer, or discharge.
 - (b) "Emergency professional" means either of the following:
- (1) A physician and surgeon who is board certified or pursuing board certification in emergency medicine, or a qualified licensed person, as defined in subdivision (e), during any scheduled period that he or she is on duty to provide medical screening and treatment of patients in an emergency department of a nondesignated hospital.
- (2) A physician and surgeon, or a qualified licensed person, as defined in subdivision (e), during any scheduled period that he or she is on duty to provide medical screening and treatment of patients in the emergency department of a nondesignated hospital

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that is a critical access hospital within the meaning of Section 1250.7 of the Health and Safety Code. A physician and surgeon on duty under this paragraph shall include a physician and surgeon on call for a standby emergency medical service who is responsible to provide professional coverage for the emergency department. A physician and surgeon on duty under this paragraph does not include a physician and surgeon who is providing on-call specialty coverage services to the emergency department of a nondesignated hospital, unless the physician and surgeon is an emergency professional under paragraph (1).

- (c) "Nondesignated hospital" means a general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code or an acute psychiatric hospital, as defined in subdivision (b) of Section 1250 of the Health and Safety Code, that is not a designated facility, as defined in Section 5008.
- (d) "Psychiatric professional" means a physician and surgeon who is board certified or pursuing board certification in psychiatry and who is providing specialty services to the emergency department of a nondesignated hospital.
- (d) "Psychiatric emergency medical condition" has the same meaning as defined in subdivision (k) of Section 1317.1 of the Health and Safety Code.
- (e) "Psychiatric professional" means a physician and surgeon licensed by the Medical Board of California who has completed an approved psychiatric residency training program and who provides specialty services to the emergency department of a nondesignated hospital.

(e)

- (f) "Qualified licensed person" means a licensed person designated by the medical staff and governing body of a nondesignated hospital to provide emergency services and care, to the extent permitted by applicable law, in an emergency department of the nondesignated hospital under the supervision of a physician and surgeon.
- (f) "Psychiatric emergency medical condition" has the same meaning as defined in subdivision (k) of Section 1317.1 of the Health and Safety Code.
- 5161. (a) This section shall apply to a person who has been detained for evaluation and treatment by a peace officer or an

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authorized professional and is taken to an emergency department of a nondesignated hospital for emergency services and care.

- (b) While the person is in the emergency department of the nondesignated hospital, the detention of the person for evaluation and treatment shall continue, unless the person is released from detention pursuant to Section 5164.
- 5162. (a) This section shall apply if, during a person's examination or treatment in an emergency department, there is a need for a determination of probable cause for the detention of the person for evaluation and treatment.
- (b) If a person who has not been detained for evaluation and treatment has signs or symptoms, in the judgment of the treating emergency professional, that indicate probable cause for detention for evaluation and treatment, the person shall have the right to a prompt probable cause determination in accordance with any of the following:
- (1) The hospital may contact the county to arrange for a probable cause determination by an authorized professional, including, but not limited to, a member of a mobile crisis team.
- (2) As part of an evaluation, an authorized professional may conduct a probable cause determination and, upon a finding of probable cause, detain the person for evaluation and treatment in accordance with Section 5150.
- (3) The treating emergency professional may conduct a probable cause determination and, upon a finding of probable cause, detain the person for evaluation and treatment in accordance with Section 5150.
- (c) If the person is detained for evaluation and treatment pursuant to this section, the detention shall continue during his or her stay in the emergency department of a nondesignated hospital, unless the person is released from detention pursuant to Section 5164 or the detention ends by reason of the expiration of 72 hours pursuant to subdivision (a) of Section 5150.
- 5163. (a) This section shall apply to a person who is first detained pursuant to Section 5150 for evaluation and treatment in a nondesignated hospital emergency department or has been detained pursuant to Section 5150 for evaluation and treatment and first taken to an emergency department of a nondesignated hospital.

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(b) (1) Except as provided in subdivision (e), the nondesignated hospital shall notify the county in which the nondesignated hospital is located of the person's detention.

- (2) If the person was detained for evaluation and treatment and taken to the emergency department of the nondesignated hospital pursuant to Section 5161, the notification shall occur after the hospital has performed an initial medical screening of the person in accordance with paragraphs (1) and (2) of subdivision (a) of Section 1317.1 of the Health and Safety Code.
- (3) If the person is first detained for evaluation and treatment in the emergency department of the nondesignated hospital pursuant to Section 5162, the notification shall occur when the probable cause determination has been completed.
- (c) The notification to the county shall be made using the 24-hour toll-free telephone number established by the county's mental health program for psychiatric emergency services and crisis stabilization if the county's mental health program has a 24-hour toll-free telephone number in operation on January 1, 2017, for this purpose. The notification shall be documented in the patient's medical record.
- (d) The nondesignated hospital shall advise the county of all of the following:
- (1) The time when the 72-hour detention period for evaluation and treatment expires.
- (2) An estimate of the time when the person will be medically stable for transfer to a designated facility.
 - (3) The county in which the person resides, if known.
- (e) The notification to the county under this section shall not be required if the treating emergency professional determines that the person will be admitted, pursuant to Section 5165, to an acute care bed of a nondesignated hospital for the primary purpose of receiving acute inpatient services for a medical condition that is in addition to the person's psychiatric condition.
- 5164. (a) This section shall establish a process for releasing from detention a person who has been detained for evaluation and treatment during the time that the person is detained in the emergency department of a nondesignated hospital.
- (b) If the treating emergency professional, after an examination of the person, determines that a person does not have a mental

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disorder, the treating professional may release the person from detention for evaluation and treatment.

- (c) If the treating emergency professional, after an examination of the person, determines that a person has a mental disorder, but there is no longer probable cause to continue the detention for evaluation and treatment, the treating emergency professional may release that person only when the treating emergency professional has conducted a face-to-face examination and determined that the person does not pose a danger to himself or herself or others, and is not gravely disabled.
- (d) Nothing in this article shall be construed to prevent a treating emergency professional from consulting with an authorized professional, including a psychiatric professional, for the purposes of determining whether a person has a mental disorder or whether there is no longer probable cause to detain the person because the person does not pose a danger to himself or herself or others, or is not gravely disabled.
- (e) Nothing in this article shall be construed to prevent an authorized professional, including a psychiatric professional, from directly releasing the person after conducting a face-to-face examination and determining there is no longer probable cause to detain the person because the person no longer poses a danger to himself or herself or others, or is not gravely disabled.
- 5165. (a) A nondesignated hospital and the professional staff of the nondesignated hospital shall not be civilly or criminally liable for the transfer of a person detained for evaluation and treatment to a designated facility in accordance with this article.
- (b) The peace officer or authorized professional responsible for the detention of the person for evaluation and treatment who transfers the custody of the person to an emergency professional of a nondesignated hospital shall not be civilly or criminally liable for any of the following:
- (1) The continuation and enforcement of the detention for evaluation and treatment during the person's stay in the emergency department of the nondesignated hospital prior to the discharge of the person from the hospital in accordance with this article.
- (2) The release of the person from detention for evaluation and treatment in accordance with this article.
- (3) The transfer of the person detained for evaluation and treatment to a designated facility in accordance with this article.

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(c) Nothing in this section shall exonerate a person described in this section from liability if that person acted with gross negligence or willful or wanton misconduct.

- 5166. (a) A provider of ambulance services licensed by the Department of the California Highway Patrol or operated by a public safety agency, and the employees of those providers who are certified or licensed under Section 1797.56 of the Health and Safety Code, shall be authorized to do both of the following:
- (1) Transport a person who is in a hospital or facility on a voluntary basis to a designated facility for psychiatric treatment.
- (2) Transport, and continue the detention of, a person who is detained for evaluation and treatment in a hospital or facility to a designated facility for psychiatric treatment.
- (b) This section shall apply to transfers from any type of facility, including nondesignated hospitals and other facilities.
- (c) A person shall not be detained for evaluation and treatment solely for the purpose of transporting the person, or transferring the person by a provider of ambulance services, to a designated facility or an emergency department of a nondesignated hospital.
- 5167. (a) Notwithstanding Section 5328, peace officers, authorized professionals, emergency professionals, and other qualified professionals who participate in the examination, consultation, treatment, placement, referral, or transport of a person who is, or for whom there may be probable cause to be, detained for evaluation and treatment under Section 5150 may engage in communication of patient information among each other and with county behavioral health professionals and staff, in the provision of emergency services, referral, and placement for the person with a designated facility or other agency. This includes communication about the historical course of the person's mental disorder, as defined in Section 5150.05.
- (b) Communication of patient information under this section also includes both of the following:
- (1) Communications between emergency medical personnel and emergency professionals at a licensed hospital, as defined in subdivision (a) or (b) of Section 1250 of the Health and Safety Code, in examination and treatment of a person at the scene of an emergency or in transport of the person to a hospital for emergency services and care.

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(2) Communications among emergency medical personnel, emergency professionals, and authorized professionals at a designated facility or a nondesignated hospital at which the person may be evaluated, treated, placed, referred, or transported, including during the course of transport.

- (c) For purposes of this section, communications among emergency medical personnel, emergency professionals, and authorized professionals include communications with licensed persons working under the supervision of emergency professionals and authorized professionals.
- 5168. Nothing in this chapter supersedes or abrogates the provisions governing medical control set forth in Chapter 5 (commencing with Section 1798) of Division 2.5 of the Health and Safety Code.

SEC. 9.

- SEC. 8. Section 5270.50 of the Welfare and Institutions Code is amended to read:
- 5270.50. (a) Notwithstanding Section 5113, if the provisions of Section 5270.35 have been met, the professional person in charge of the facility providing intensive treatment, his or her designee, the medical director of the facility or his or her designee described in Section 5270.35, the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released before or at the end of the 30 days of intensive treatment pursuant to this article.
- (b) The professional person in charge of the facility providing intensive treatment or his or her designee, the medical director of the facility or his or her designee described in Section 5270.35, the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released at the end of the 30 days of intensive treatment pursuant to this article.
- (c) The attorney or advocate representing the person, the court-appointed commissioner or referee, the certification review hearing officer conducting the certification review hearing, or the peace officer responsible for detaining the person shall not be civilly or criminally liable for any action by a person released at

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- 1 or before the end of the 30 days of intensive treatment pursuant to 2 this article.